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S.D. SEC. OF STATE

STATE OF SOUTH DAKOTA

Statement of Legal Newspaper Ownership and Circulation

Return to: Secretary of State, 500 E. Capitol, Pierre, SD 57501-5077

1. TITLE OF NEWSPAPER The Brookings Register		2. DATE 09-16-09
3. FREQUENCY OF ISSUE Monday Through Saturday	3A. NO. OF ISSUES PUBLISHED ANNUALLY 312	3B. ANNUAL SUBSCRIPTION PRICE \$ \$143.21 By Carrier
4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code) (Not printers) P.O. Box 177, 312 Fifth St., Brookings County, Brookings, SD 57006-0177		
5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE PUBLISHER (Not printers) P.O. Box 177, Brookings, SD 57006-0177		
6. FULL NAME OF PUBLISHER: William N. McMacken, Publisher		
7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given.)		
FULL NAME News-Media Corporation		COMPLETE MAILING ADDRESS 211 Hwy. 38 East, Rochelle, IL 61068
8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1 PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so state. If more space is needed, list on back of this form.) Wells Fargo Bank, Sixth & Marquette, Minneapolis, MN 55479		
9. EXTENT AND NATURE OF CIRCULATION	AVERAGE NO. COPIES EACH ISSUED PRECEDING 12 MONTHS	ACTUAL NO. COPIES ISSUED NEAREST TO FILING DATE
A. TOTAL NO. COPIES (Net Press Run)	5204	5039
B. PAID AND/OR REQUESTED CIRCULATION		
1. Sales through dealers and carriers, street vendors and counter sales.	4723	4481
2. Mail Subscription (Paid and or requested)	331	348
C. TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 9B1 and 9B2)	5054	4829
D. FREE DISTRIBUTION		
1. BY MAIL, CARRIER OR OTHER MEANS	10	10
2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES	0	0
E. TOTAL DISTRIBUTION (Sum of C, D1 and D2)	5064	4839
F. COPIES NOT DISTRIBUTED		
1. Office use, left over, unaccounted, spoiled after printing	20	40
2. Return from News Agents	120	160
G. TOTAL (Sum of E, F1 and F2 - Should equal net press run shown in A)	5204	5039

Statement must be signed by Publisher, Business Manager, or Owner in the presence of a Notary Public

I swear that the statements made by me are true, correct, and complete:

William N. McMacken
(Signature)

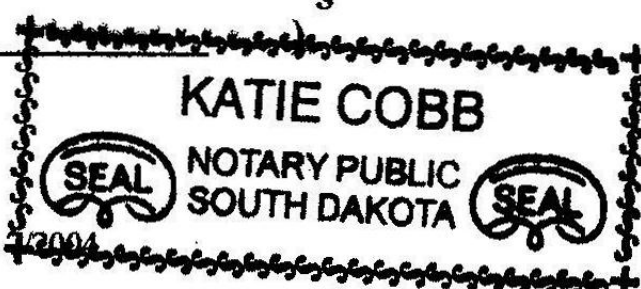
Publisher
(Title)

State of South Dakota)

§

County of _____

(Seal)



Form: SOS REC 051

Sworn to before me this 16th day of September, 2009Katie Cobb

Notary Public

My commission expires: 7-14-2015